Name In Full Wm A. Baker

Certificate of Death

Died at Town Ind Corner County Howard MARYLAND

Date 189 9 Month 1 Day 22 | Age Y. 60 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ ~~Number of children~~ living

Husband of
Wife

Father's Name

Mother's Name 57

Cause of Death: Primary Heart disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Edward Gatchouse

Address 3 1/4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Name In Full

still born

Certificate of Death

Died at Town: Ilchester County: Howard MARYLAND

Date 189 9 Month: Feb. Day: 24 | Age Y. M. D. — — — | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ none

Father's Name Robert Carey | Mother's Name Rosa Brown

Cause of Death: Primary — | Immediate — | 161 | How long sick —

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868

Attended by Dr. none

of —

Seen by Coroner —

of —

information contained in this certificate received from Robert Carey

of Hchester

Md.

Name in Full | Certificate of Death

Cooper

Died at — Town: Savage — County: Howard — MARYLAND

Date 1899 — Month: 2 — Day: 11 — Age: Y. M. D. 3 — Native of: Md — Occupation: —

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — Div~~orced~~

~~Female~~ — Colored — Single — ~~Widower~~ — Num~~ber of children living~~

Husband of Wife

Father's Name: Henry Cooper — Mother's Name: Mary Cooper

Cause of Death — Primary: Premature birth — How long sick

Immediate: Cold. — 138b — A~~ccid~~ent, ~~Suicide, Homicide~~

Reported by: F. W. Linthicum M. D

Address: Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Reuben M. Dorsey

Town

County

Died at Howard MARYLAND

Date 189 9 | Month Feb | Day 2 | Age Y. abt 70 M. D. | Native of Howard Co | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband ~~Wife~~ of Mary Eliza Dorsey

Father's Name John P. Dorsey

Mother's Name Mary Hammond

Cause of Death: Primary 44

Immediate Apoplexy

How long sick 8 C hours

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by William E. Hodges M.D

Address Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full | Certificate of Death

Edward Deney Dorsey infant son of.

Died at Town Ellicott City County Howard Co. MARYLAND

Date 1899 Month 2 Day 16 Age Y. M. 8 D. | Native of | ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name William Dorsey. Mother's Name

Cause of Death: Primary inflammation of Bowels. How long sick

Immediate 82 Accident, Suicide, Homicide

Reported by Milton Easton

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Rodgers,

of

Seen by Coroner

of

Information contained in this certificate re-

ceived from

of

Name in Full Exeie

Certificate of Death

Exeil. M. V. Fisher

Died at Shafesville (Town) Howard (County) MARYLAND

Date 189 9 Month Feb. Day 13th Age Y. 45 M. 0 D. 25 Native of Frederick Co. Occupation Wife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 12.

~~Husband~~ Wife of William Henry Fisher

Father's Name Ruben R. Lyles

Mother's Name Louisa J Lyles

Cause of Death: Primary Tuberculosis & Dropsy 22 How long sick about 1 year

Immediate General emaciation

a ~~Accident, Suicide, Homicide~~

Reported by J. W. Lacy, M. D.

Address Lisbon - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Herman Fisher

Town

County

Died at Shafersville Howard, MARYLAND

Date 189 9 Month Feb. Day 12th. Age Y. 2 M. 16 D. Native of Shafersville Occupation

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

~~Father~~ Mother's Name Excil M.V. Fisher

~~Mother's~~ Father's Name William H. Fisher

Cause of Death: Primary Tuberculosis 22a — How long sick About 1 month.

Immediate General emaciation — ~~Accident, Suicide, Homicide~~

Reported by J. W. Lacy, M.D.

Address Sisson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Earl Clayton King

Died at Town Roxbury County Howard MARYLAND

Date 1894 Month Feb. Day 25th Age Y. 3 M. 2 D. 16 Native of above Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name James A. King

Mother's Name Margaret A. King

Cause of Death: Primary Pneumonia. 72

Immediate Convulsions.

How long sick ten days.

~~Accident, Suicide, Homicide~~

Reported by J. W. Lacy, M.D.

Address Lisbon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Sallie Leisher

Died at Town: Savage County: Howard MARYLAND

Date 189 9 Month 2 Day 1 | Age Y. 4 M. 22 D. | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Illegitimate

Father's Name Horace Leisher Mother's Name Eusie Baldwin.

Cause of Death: Primary Indigestion 81 | How long sick 2 days

Immediate Exhaustion from Cramp | ~~Accident, Suicide, Homicide~~

Reported by F. W. Lieutheum M.D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Ann Maggie Tilly

Died at — Town: Sarah — County: Howard — MARYLAND

Date 189 — Month: 2 — Day: 26 — Age: Y. 26 M. D. — Native of: Md — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ / Divorced — Number of children living: 2

Husband / Wife of: Edward Tilly 119 2

Father's Name: Samuel Thomas — Mother's Name: M. Thomas

Cause of Death — Primary: Pneumonia Two — How long sick: 8 days

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by: Dr. Linn Miller, M.D.

Address: Sarah Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 55968

Name In Full

Certificate of Death

Elzia Linthicum

Died at Town: Simpsonville County: Howard MARYLAND

Date 1899 Month: Febr. Day: 9 | Age Y.: 52 M.: yrs D.: | Native of: Md. | Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ | ~~Divorced~~ Number of ~~children living~~

~~Husband~~ ~~Wife~~ of none

Father's Name: Dont Know Mother's Name: Dont Know

Cause of Death — Primary: Pneumonia 72 — How long sick: 2 weeks

Immediate: / — ~~Accident~~ Suicide, Homicide

Reported by: Stephen Hillinger

Address: Undertaken Edmonds City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Criswell

of Highland Howard Co.

Information contained in this certificate received from J. W. Dorsey

of Ellicott City

Name in Full Mrs Lyle

Certificate of Death

Lyle

Town

County

Died at Glenelg Howard MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	July	6	Age 47			Frederick Co	Stone Breaker

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living Five

Husband of Marcha Lyle

~~Wife~~

Father's Name Jessie "

Mother's Name Rud

Cause of Death — Primary: Epileptic Seizures 47 — How long sick Seizures lasted 48 hours

Immediate: Cerebral hemorrage — ~~Accident~~, ~~Suicide~~, Homicide

Reported by Dr. Chas Gilbert

Address Glenelg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name In Full Harriet Nelson — Certificate of Death

Died at Town: Pine Orchard — County: Hoover 5 — MARYLAND

Date 1899 Month: Feb. Day: 27 | Age Y. 88 M. D. | Native of: Maryland | Occupation: Lober

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: None

~~Husband~~ Wife of: David Nelson

Father's Name | Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick: two week

Immediate — Accident, Suicide, Homicide

Reported by: Dr R L Hammond

Address: Pine Orchard Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Frances Piccolo

Died at Town Ellicott City County Howard MARYLAND

Date 1899 Month Feby Day 28 Age Y. 73 M. D. Native of Italy Occupation Barber

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of ——— ———

Father's Name — Mother's Name —

Cause of Death Primary Aterio Sclerosis 66 How long sick

Immediate Dropsy theart failure Accident, Suicide, Homicide

Reported by B. J. Byrne

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Henry Seyfried

Died at Town Elk Ridge, County Howard MARYLAND

Date 1899 Month Feb - Day 13 | Age Y 66 — M. 21 D. | Native of Germany | Occupation —

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced 1

Number of children living 0

Husband ~~Wife~~ of Lena Seyfried

Father's Name —

Mother's Name ??

Cause of Death: Primary — Acute Pulmonary Oedema

Immediate — probably of nephritic origin

How long sick 20 minutes

~~Accident Suicide Homicide~~

Reported by M. R. Earecksor

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Chas. Sheckles

Certificate of Death

Died at Town 5th district County Howard MARYLAND

Date 189 9 Month 2 Day 3 Age Y. M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife

Father's Name Mother's Name

Causa of Death Primary Heart disease How long sick

Immediate 57 Accident, Suicide, Homicide

Reported by Progress 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70886

St. Louis Catholic Church, Clarksville.
Rev. Father Gaynor, rector.
Catholic Cemetery, Clarksville.

Name in Full

Certificate of Death

Thomas E. Smith

Died at Ellicott City (Town) Howard (County) MARYLAND

Date 1899 Month Feb. Day 11 | Age Y. 4 M. 11 D. 28 | Native of Ellicott City | Occupation nil

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Amos Smith

Mother's Name Laura Smith

Cause of Death: Primary La Grippe 9

Immediate Chronic Pneumonia

How long sick Jan 15th to Feb 11th

~~Accident, Suicide, Homicide~~

Reported by William E. Hodges M.D

Address Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full

Certificate of Death

Robert Earle Thompson

Died at near Ellicott City (Town) Howard Co (County) MARYLAND

Date 1899 Month Feb Day 26 | Age Y. 6 M. 6 D. 26 | Native of Baltimore City | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~

Husband / Wife of

Number of children living ~~dead~~

Father's Name Robert B. Thompson

Mother's Name Silvia H Lindall

Cause of Death — Primary: Enteric Colitis 7 2 — How long sick 3 weeks

Immediate: Gangrene

Accident, Suicide, Homicide

Reported by William E Hodges M.D.

Address Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Gustavus Warfield Jr

Died at Town Glenwood County Howard MARYLAND

Date 1899 February Month 8 Day | Age Y. 13 M. D. | Native of Howard Co | Occupation School child

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife — 77

Father's Name Gustavus Warfield | Mothar's Name Ellen Warfield

Cause of Death — Primary: Acute Congestion of | How long sick 48 hours

Immadiate: the Lungs, Heart failure | Accident, Suicida, Homicide

Reported by J Walter Smith M.D.

Address Cookesville Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU. 79899

Name in Full Susan White

Certificate of Death

Died at Town Glenwood County Howard MARYLAND

Date 189 Month Feb Day 4 | Age Y. Do not know M. D. | Native of Md | Occupation Wife

~~Male~~ Female | ~~Widow~~ Colored | Married ~~Single~~ | Widow Widower | ~~Divorced~~ Number of children living unknown

~~Husband~~ Wife of Manuel White

Father's Name | Mother's Name

OVER

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by John Mooney Colored —

OVER

Address

Must be signed by physician, if eny in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Attended by Dr. Simms

Cooksville

JAS. R. WEER,
Undertaker
& Embalmer,
SYKESVILLE, MD.

Information contained in this certificate received from John Dovey Colored
of Glenwood Md

No Physicians Certificate accompanied order
Coffin only sold did.
Not- very friends did it

Name In Full

Certificate of Death

Alfred Williams

Died at Town: Ellicott City County: Howard MARYLAND

Date 1899 Month: Feb. Day: 1 | Age Y. 50 M. yrs D. | Native of Va. | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ ~~Widowed~~ ~~Divorced~~ | Number of children living 1

Husband ~~Wife~~ of Rachel Johnson

Father's Name dont Know | Mother's Name dont know

Cause of Death — Primary: Consumption | How long sick: 1 year

Immediate: 22a | Accident, Suicide, Homicide

Reported by Stephen Hellsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr. J. M. B. Rogers
of Ellicott City

Information contained in this certificate received from: Rachel H. Williams
of Ellicott City
Md.

Name in Full | Certificate of Death

Thomas Williams

Died at Town: Savage County: Howard MARYLAND

Date 189 9 Month 2 Day 2 | Age Y. 6 M. – D. | Native of Md | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name James Williams

Mother's Name Louisa Williams

Cause of Death: Primary La Grippe 9 | How long sick 19 days

Immediate Exhaustion following hemorrhage ~~Accident, Suicide, Homicide~~

Reported by F. W. Lintheicum M.D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — — Young

Certificate of Death

Town Ellicott City County Howard MARYLAND

Died at

Month July Day — Y. — M. — D. — Native of Md Occupation —

Date 189 9 Age 1

Male 2 ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name — Mother's Name Julia Young

Cause of Death: Primary Pneumonia 72 — How long sick —

Immediate — Accident, ~~Suicide~~, Homicide

Reported by J. J. Bynum M.D

Address Ellicott City Md

Further information unknown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

3 PM

Dr J. Owings

Ellicott, City

Md